

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>485005</i>	FILING DATE		
						APPLICANT(S)			
CLAIMS									
•	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		•	•	•
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1							51		
2							52		
3	2		1		1		53		
4	8		2		2		54		
5	8		3		2		55		
6	8		3		3		56		
7	8		3		1		57		
8	8		1		1		58		
9	8		1		1		59		
10	8		1		1		60		
11	8		1		1		61		
12	8		1		1		62		
13	8		1		1		63		
14	8		1		1		64		
15	8		1		1		65		
16	8		1		1		66		
17	8		3		1		67		
18	8		1		1		68		
19	8		1		1		69		
20	8		1		1		70		
21	8		1		1		71		
22	8		1		1		72		
23	8		1		1		73		
24	8		1		1		74		
25	8		1		1		75		
26	8		1		1		76		
27	8		1		1		77		
28	8		1		1		78		
29	8		1		1		79		
30	8		1		1		80		
31	8		1		1		81		
32	8		1		1		82		
33	8		1		1		83		
34	8		1		1		84		
35	8		1		1		85		
36	8		1		1		86		
37	8		1		1		87		
38	8		1		1		88		
39	8		1		1		89		
40	8		1		1		90		
41	8		1		1		91		
42	8		1		1		92		
43	8		1		1		93		
44	8		1		1		94		
45	8		1		1		95		
46	8		1		1		96		
47	8		1		1		97		
48	8		1		1		98		
49	8		1		1		99		
50	8		1		1		100		
TOTAL IND.							TOTAL IND.		
TOTAL DEP.	25	2	3	1	2	1	TOTAL DEP.	2	2
TOTAL CLAIMS	26		34		30		TOTAL CLAIMS		